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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/661,505	09/15/2003	Kazuko Kirihara	117187	7418
25944 OLIFF & BERI	7590 06/26/200 RIDGE, PLC	EXAMINER		
P.O. BOX 320850 ALEXANDRIA, VA 22320-4850			WOLDEMARIAM, AKILILU K	
ALEXANDRIA	A, VA 22320-4830		ART UNIT	PAPER NUMBER
			2624	
			MAIL DATE	DELIVERY MODE
			06/26/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonvious Summany	10/661,505	KIRIHARA ET AI	L.
Interview Summary	Examiner	Art Unit	
	AKLILU k. WOLDEMARIAM	2624	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>AKLILU k. WOLDEMARIAM</u> .	(3) <u>SHAO-FEI MOY</u> .		
(2) <u>SAMIR AHMED</u> .	(4) <u>SRIKANT VISWANAD</u> F	<u>нАМ</u> .	
Date of Interview: <u>6/18/2008</u> .			
Type: a)☐ Telephonic b)☐ Video Conference c)☑ Personal [copy given to: 1)☐ applicant	2)⊠ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed: Independent claims.			
Identification of prior art discussed: 2001-216452 (KENICH	<u>H)</u> .		
Agreement with respect to the claims f) was reached. €	g)⊠ was not reached. h)□ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant's representative</u> claim amendments and Examiner noted potential 112 issues.	<u>res discussed response filed o</u>		
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached.	copy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OR THE SUBSTANCE OF THE INTER REQUIREMENT OF THE SUBSTANCE OF THE INTER REQUIREMENTS ON REVERSE SIDE OF ON Attached sheet.	e last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/Aklilu Woldemariam/		
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)